

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
MAY 06 2016
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 16-0102
Date: 5-17-16
Amount Paid: \$75
Refund: 5-17-16

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVATE		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name:		Richard A + GRAM. NAW		Mailing Address:		20190 W. CRYSTAL DR		City/State/Zip:		CABLE, WI 54831		Telephone:		715.798.5491	
Address of Property:		20190 W. CRYSTAL DR.		City/State/Zip:		CABLE, WI 54831		Contractor Phone:		Plumber:		Cell Phone:		631.303.3974	
Contractor:				Agent Phone:				Agent Mailing Address (include City/State/Zip):		Written Authorization Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:				Agent Mailing Address (include City/State/Zip):		Recorded Document: (i.e. Property Ownership) Volume 953 Page(s) 632					
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-021-3-41-06-32-305003268		Subdivision:		Lot Size		Acreage					
1/4, 1/4		Gov't Lot 3		Lot(s) CSM		Vol & Page		Lot(s) No.		Block(s) No.					
Section 32, Township 44 N, Range 06 W		Town of: GRANDVIEW		Lot Size		Acreage									

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain?	<input type="checkbox"/> Distance Structure is from Shoreline: feet	<input type="checkbox"/> Is Property in Floodplain Zone?	<input type="checkbox"/> Are Wetlands Present?
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	<input type="checkbox"/> Distance Structure is from Shoreline: feet	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No
If yes—continue →				
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 4500.00	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: ST	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: 24'	Width: 20'	Height: 12'
Proposed Construction:			

Proposed Use	✓	Proposed Structure		Dimensions	Square Footage	
		Principal Structure (first structure on property)	() X)			
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	() X)			
		with Loft	() X)			
		with a Porch	() X)			
		with (2 nd) Porch	() X)			
		with a Deck	() X)			
		with (2 nd) Deck	() X)			
		with Attached Garage	() X)			
	<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	() X)		
	<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Mobile Home (manufactured date)	() X)		
		<input type="checkbox"/>	Addition/Alteration (specify)	() X)		
	<input checked="" type="checkbox"/>	Accessory Building (specify) GARAGE	(20 X 24)	480		
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	() X)			
	<input type="checkbox"/>	Special Use: (explain)	() X)			
	<input type="checkbox"/>	Conditional Use: (explain)	() X)			
	<input type="checkbox"/>	Other: (explain)	() X)			
Rec'd for Issuance MAY 17 2016						
Secretarial Staff						

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

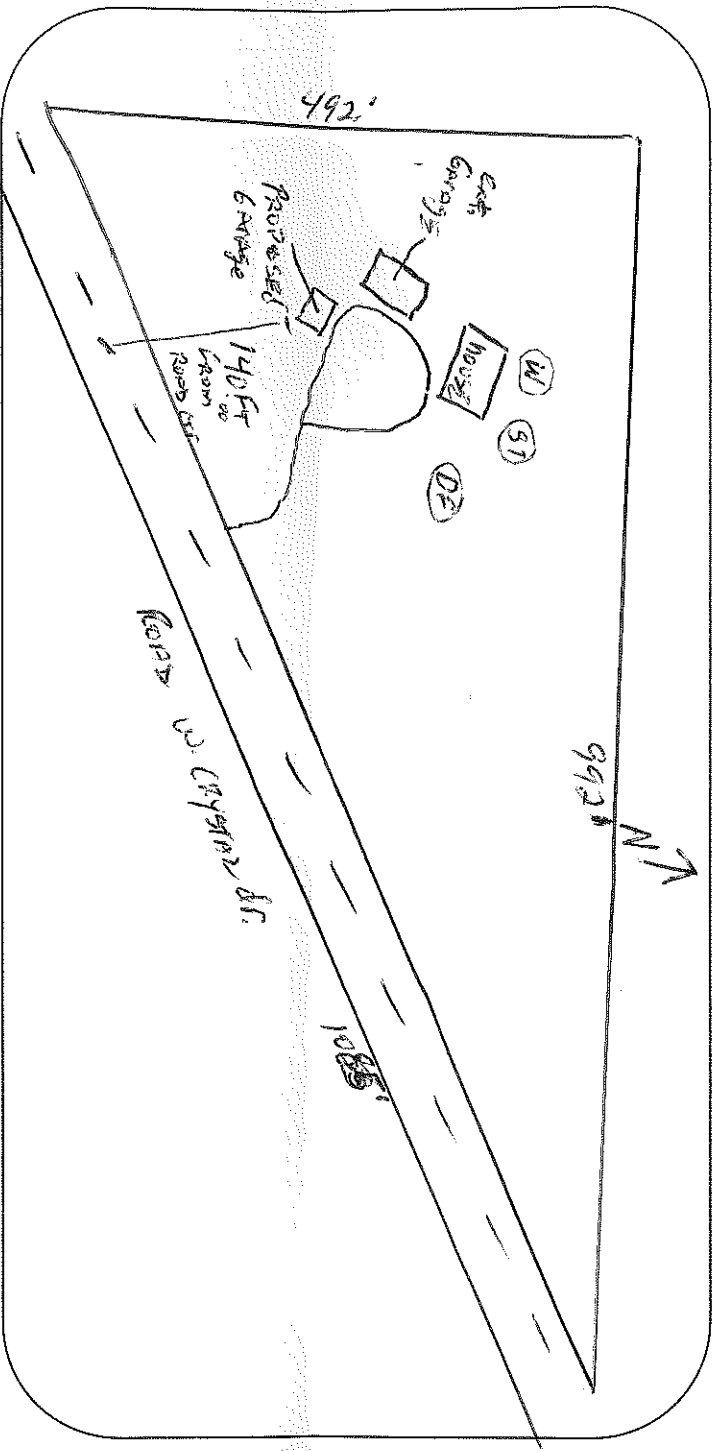
Owners: Richard A + GRAM. NAW Gram NAW Date 4-29-16
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 20190 W. CRYSTAL DR. CABLE, WI 54831 Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	140 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	328 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	140 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	140 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	945 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	195 Feet	Setback to Well	170 Feet
Setback to Drain Field	170 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed side of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 16-0108		Permit Date: 5-17-16		
Is Parcel a Sub-Standard lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously/Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner Was Property Surveyed
Inspection Record: Caret Stake 11' From Ex Dump		Zoning District (R2)		Date of Re-Inspection:
Date of Inspection: 5-16-16		Inspected by: [Signature]		
Condition(s) Town, Committee or Board Conditions Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
Not for human habitation / No water under pressure.				
Signature of Inspector: [Signature]		Date of Approval: 5/17/16		
Held For Sanitary: <input type="checkbox"/>		Held For TBA: <input type="checkbox"/>		Held For Affidavit: <input type="checkbox"/>
Held For Fees: <input type="checkbox"/>		Held For Fees: <input type="checkbox"/>		